

PATENT

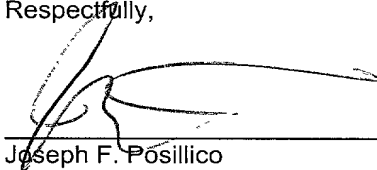
Case Name and No. LAI 20-7

Please file the application and charge **Agere Systems Deposit Account No. 501735** in the amount of **\$740.00**, to cover the filing fee. Duplicate copies of this letter are enclosed. In the event of non-payment or improper payment of a required fee, the Commissioner is authorized to charge or to credit **Deposit Account No. 501735** as required to correct the error.

The Commissioner for Patents is hereby authorized to treat any concurrent or future reply, requiring a petition for extension of time under 37 CFR § 1.136 for its timely submission, as incorporating a petition for extension of time for the appropriate length of time if not submitted with the reply.

Please address all correspondence to **Stephen J. Weed, Synnestvedt & Lechner LLP, 2600 ARAMARK Tower, 1101 Market Street, Philadelphia, PA 19107-2950**. However, telephone calls should be made to me at (215) 923-4466.

Respectfully,



Joseph F. Posillico
Reg. No. 32,290
Attorney for Applicant(s)

12/10/01

Date

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